TRETINOIN

Atralin (tretinoin), Avita (tretinoin), Differin (adapalene), Epiduo (adapalene + benzoyl peroxide), Refissa (tretinoin), Renova (tretinoin), Retin-A (tretinoin), Tretin-X (tretinoin), Veltin (tretinoin + clindamycin), Ziana (tretinoin + clindamycin phosphate)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background
Tretinoin is a retinoid medication that is made from vitamin A in treating both non-inflammatory and inflammatory types of acne, including blackheads, whiteheads, papules, pustules, and nodules (1).

Tretinoin products may also be used for cosmetic purposes such as treatment for wrinkles, fine lines and solar or photo aging. These indications are excluded from plan coverage.

Regulatory Status
FDA approved indication: Tretinoin products are indicated for the topical treatment of acne vulgaris (5-18).

Off-label Use
Tretinoin products are also indicated topically to treat malignant and pre-malignant skin conditions in high risk patients with actinic keratosis, basal and squamous cell carcinoma (3).

Some products have cosmetic indications which are excluded from coverage (5-18).

Summary
Tretinoin products are indicated for the topical treatment of patients with acne vulgaris and acne conglobata. They are also used in the topical treatment of skin conditions in high risk patients (i.e. immunocompromised, post organ transplant) with actinic keratosis, basal and squamous cell carcinoma. Tretinoin is a retinoid metabolite of vitamin A. These products work by increasing the rate of cell turnover.

Prior approval is required to ensure the safe, clinically appropriate and cost effective use of tretinoin while maintaining optimal therapeutic outcomes.

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